

(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

(1) MARQUIS MASON 506196
(Name of Plaintiff) (Inmate Number)

H.R.U.C.I. P.O. Box 9561, 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Warden: Raphael Williams
(2) SUPERVISOR JIM WALTERS
(3) MEDICAL COMMITTEE
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

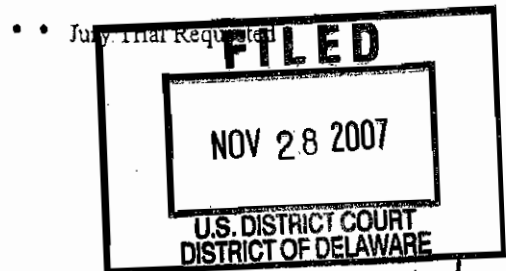
I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

07-777

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT



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II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No
- C. If your answer to "B" is Yes:

1. What steps did you take? I wrote grievance back to back to the lead worker and even wrote the warden
2. What was the result? I didn't hear anything back and the last one a C.O. throw away

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Warden, Raphael Williams
 Employed as Warden at Howard B. Young
 Mailing address with zip code: H.R.U.C.I. P.O. Box
9561, Wilm/De1, 19609

- (2) Name of second defendant: Jill Walters
 Employed as Supervisor at H.R.U.C.I. YCAP Program
 Mailing address with zip code: H.R.U.C.I. P.O. Box
9561, Wilm/De1 19609

- (3) Name of third defendant: Medical Committee
 Employed as Medical Staff at H.R.U.C.I.
 Mailing address with zip code: Howard B. Young P.O. Box
9561 Wilm/De1, 19609

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

I myself...

1. Any time an inmate has to put in (10) Ten sick call slips and still have yet to be seen, something is wrong; to have to put a grievance in, and still haven't seen a doctor yet. The system is failing.
Our rights are being and have been violated, over and over and over again.
The medical committee has no urge to inmates of IF and IE, (TRUTH).
2. As an inmate located in the "Hole". Which is cruel and unusual punishment. I understand being punished for a period of time for breaking a rule within the facility. Once that period of time is over, where is the drawing of the line. I've been here for 8 months in the "Hole" and my penalty phase was over 4 months ago.
3. The facility has stopped my mail from coming to me. (FEDERAL OFFENSE)
It seems as though that (Raphael Williams) the warden cares nothing about inmates in the 'Hole'. We receive no fresh air, or fresh water. Suppose an inmate became deathly ill, how would anybody know. There are no call buttons at all. If an inmate kicks on the door to contact a C.O., he is considered a problem. Possibly wrote up for disruptive behavior.

- V. **RELIEF** We are still human, and we do still have families, who care about us, although Society and H.R.Y.C. I. doesn't.

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I will like the court to accept my complaint and let me go throw with my lawsuit. Also take over and step up concerning the condition of this building. Yes I will like

2. to Get a lawsuit and get it settle
between the money im asking and
the state willing to provide. Thank
you and GOD Bless!! Masavis
MASON SBT# 506146 D.O.B 9-23

3. 1990

I declare under penalty of perjury that the foregoing is true and correct.

Signed this MM day of 11-11-07, 2007.

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

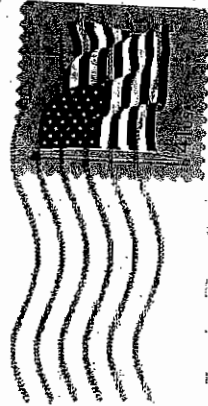
(Signature of Plaintiff 3)

Morquis Mason

SBT# 5060146

P.O. Box 2561

Wilmington, DE 19709



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U.S.M.S.
X-RAY

Clerk

U.S. District Court

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